

legisl-JEF- 85th- HR 6982
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UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK
ANN ARBOR, MICHIGAN

August 15, 1957

The Honorable John Fogarty
House of Representatives
Washington, D. C.

Dear John:

Some time ago I wrote you for copies of your bill H.R.6982, the "Rehabilitation Act of 1957." At that time, you expressed an interest in having the comments I would obtain from the discussions I was having of the proposed legislation among welfare administrators.

The attached comments (No. 1) representing the views of welfare department personnel is sent for your information.

I am also enclosing the comments and constructive suggestions (No. 2) of one of my colleagues who has worked in both the State Vocational Rehabilitation and State Welfare Departments.

In view of the statements which you included in the fiscal 1958 Committee report on HEW appropriations (pp. 14, 24-25) I think you will be interested in his constructive suggestions for broadening the VR program to make possible the rehabilitation of more persons from the welfare rolls.

I trust these comments may be helpful to you. I am continuing my study of this problem and will be glad to be of any further assistance I can.

With best personal wishes.

Sincerely yours,

Wilbur
Wilbur J. Cohen
Professor of Public Welfare
Administration

WJC:m

(1) Comments on H.R.6982

Title II would make major changes in the purpose and direction of the federal-state vocational rehabilitation programs. The vocational rehabilitation agencies would expand their present activities by moving into a medical care program for needy persons receiving institutional care or attendance in their households continuously or for a very substantial proportion of the time, but who can be reasonably expected, as a result of rehabilitation, to achieve such ability of independent living that they will no longer require institutional care or attendance. For a number of reasons, this is not sound legislation.

Because of the close relationship between the program which would be established by the new Title II, "Independent Living Rehabilitation Services," and the present responsibilities of public welfare departments in medical care and related fields in public assistance, serious consideration should be given to the implications of this legislation. Both the objectives of the present vocational rehabilitation program and of the public assistance programs, as outlined by Congress in the 1956 Social Security Amendments, would be affected. We would like to ask, therefore, whether the new directions which would result from this proposed legislation would ultimately achieve the best program for meeting the medical and social service needs of disabled persons who are not going to be able to return to regular employment.

Inasmuch as the state vocational rehabilitation agencies have not been able to reach the level of operation predicted when the federal-state program was expanded several years ago through greatly increased federal funds, serious question is raised about the desirability of these agencies taking on a major additional responsibility of this kind.

The legislation appears to be unsound because it would create very considerable duplication of the public assistance services provided in the 1956 Social Security Amendments, which established a means of initiating or expanding medical care in the public assistance categories and providing social services to recipients of assistance.

The legislation is unsound because it corrects for a very limited group of patients the end result of years of neglect and lack of medical care. This is not an adequate substitute for a general medical care program for needy persons which will provide care at an early stage of illness or disability, as compared to a program which provides care only when the patient's condition has become seriously disabling. There is, of course, as a result of many years of activity by state and local public welfare agencies, and more recently because of the 1956 medical assistance amendment, machinery for such medical programs in the state and local public welfare departments. In addition to those states that have had comprehensive medical care programs, approximately twenty-five states are now

in the process of initiating or expanding medical assistance programs made possible by the 1956 Amendment. Most of these states put their new or expanded programs into operation on July 1, 1957 but some are now studying their needs and planning for legislative action a little later. The proposed rehabilitation legislation, if enacted, might well hinder further development of medical assistance programs.

Both at federal and state levels there has been for years much disagreement about the appropriate functions of vocational rehabilitation programs. This has operated to deter the sound and speedy development of appropriate rehabilitation and welfare programs. We believe that the program proposed in H.R.6982 would cause further disagreement rather than benefit the needy sick.

(2) Comments and Suggestions on H.R.6982

With respect to vocational rehabilitation, their traditional role has been assisting persons with either physical or mental impairments who, as a result of those impairments, are vocationally handicapped. Even with the added emphasis given to the expansion of vocational rehabilitation programs in the last few years, it is known that a considerable backlog of such individuals are not receiving the benefits of this program. Personally, I believe that the OVR program should maintain its stress on the vocational aspects of rehabilitation. In other words, placing this additional responsibility on them might easily change the focus of the OVR program. If a change in the OVR program is to be made, it would seem more appropriate to expand the conditions recognized as producing a vocational handicap to include such factors as loss of employment skills as a result of not having worked for several years, lack of specific skills through inadequate education, and loss of skills and need for training brought on as the result of technological changes affecting certain jobs in industry and agriculture. The state of Washington is participating in such a program at the present time with public assistance, the state employment agency, and vocational rehabilitation the cooperating agencies at the state level. Eligibility is determined on other factors than physical or mental disability with the public assistance agency guaranteeing support of the rehabilitant's family, the state OVR program providing vocational training and counseling, and the employment office carrying placement and job finding responsibilities. The Aid to Dependent Children mother who has stayed home caring for her children for several years who will no longer receive assurance as a result of the age of her children is helped by giving her definite skills and assurances of regular employment. Contrast this with the plight faced by such women elsewhere as their eligibility expires. This modification as to the causes recognized as producing a vocational handicap would (1) maintain the vocational emphasis as a unique feature of vocational rehabilitation and (2) resolve some of the present gaps in services given to public assistance recipients by vocational rehabilitation.